

***FRAMEWORK FOR STATE EVALUATION
OF CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

State/Territory: Hawaii
(Name of State/Territory)

The following State Evaluation is submitted in compliance with Title XXI of the
Social Security Act (Section 2108(b)).

(Signature of Agency Head)

Date: 07/07/00

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your CHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

- 1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different?

The estimated baseline number of uncovered low-income children is 4,458. The estimated baseline number submitted to HCFA in the 1998 annual report was 8,038.

The data source is from the State Department of Health's Hawaii Health Survey, which is conducted annually. The primary reason the results of the 1997 survey differ from 1998's is due to the sample size and sampling design of the survey. Approximately 6,000 individuals are surveyed statewide and thus, variations in the characteristics of respondents may cause fluctuations in the survey estimates from year to year.

- 1.1.1 What are the data source(s) and methodology used to make this estimate?
Refer to above.

- 1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)
The reliability of the baseline estimate is low as it will vary from year to year. The measure, however, is accurate for any given year.

As stated above, approximately 6,000 individuals are surveyed. Should the number of enrollees differ significantly from the estimated baseline estimate, we may increase the sample size.

- 1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A))

NA

1.2.1 What are the data source(s) and methodology used to make this estimate?

1.2.2 What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its CHIP program(s)?

NA

Please complete Table 1.3 to summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the State's strategic objectives for the CHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
1. Improve and expand outreach strategies to families of children likely to be eligible for assistance, to inform them of the availability of and assist them with enrolling their children in the appropriate Medicaid program.	1.1. Increase informational and outreach activities about Medicaid programs, including Title XXI Medicaid expansion.	Data Sources: NA Methodology: NA Numerator: NA Denominator: NA Progress Summary: NA
OBJECTIVES RELATED TO CHIP ENROLLMENT		

Table 1.3		
2. Reduce the number and proportion of low-income children who are uninsured.	2.1. Low-income children will be enrolled into the appropriate Medicaid program (QUEST or Medicaid fee-for-service or Title XXI Medicaid expansion).	<p>Data Sources: NA</p> <p>Methodology: NA</p> <p>Numerator: NA</p> <p>Denominator: NA</p> <p>Progress Summary: NA</p>
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
3. Improve Access to Health Care for Targeted Low-Income Children.	<p>3.1. Families of targeted low-income children will express satisfaction with accessibility to health care services.</p> <p>3.2. Targeted low-income children will have an accessible medical home.health care services.</p>	<p>Data Sources: NA</p> <p>Methodology: NA</p> <p>Numerator: NA</p> <p>Denominator: NA</p> <p>Progress Summary: NA</p>
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		

Table 1.3		
4. Improve continuity and quality of care for targeted low-income children.	4.1. Children in the targeted low-income group will receive all recommended immunizations by age 2 and age 5.	Data Sources: NA Methodology: NA Numerator: NA Denominator: NA Progress Summary: NA
	4.2. Children in the targeted low-income group will receive the expected number of screening services based on the EPSDT periodicity screening guidelines.	
	4.3. Children in the targeted low-income group will be provided the recommended number of well-child visits.	
	OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)	
	4.4. Children in the targeted low-income group will have, at a minimum, annual dental visits.	Data Sources: NA Methodology: NA Numerator: NA Denominator: NA: Progress Summary: NA
OTHER OBJECTIVES		

Table 1.3		
<p>5. Crowd-out strategies will be effective in addressing substitution of Title XXI Medicaid expansion coverage for other health coverage.</p>	<p>5.1. The “firewall” strategy (three-month rule) requiring that children be uninsured for 3 months prior to their Title XXI application will be effective in preventing substitution.</p> <p>5.2 The elimination of the \$60 monthly premium share for children under age 19 in QUEST-Net will be effective in preventing substitution of health coverage.</p>	<p>Data Sources: NA</p> <p>Methodology: NA</p> <p>Numerator: NA</p> <p>Denominator: NA</p> <p>Progress Summary: NA</p>

SECTION 2. BACKGROUND

This section is designed to provide background information on CHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

☒ Providing expanded eligibility under the State's Medicaid plan (Medicaid CHIP expansion)

Name of program: QUEST and Medicaid Fee-For-Service

Date enrollment began (i.e., when children first became eligible to receive services): Projected implementation date is July 1, 2000

☐ Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed CHIP program)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

☐ Other - Family Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

☐ Other - Employer-sponsored Insurance Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

☐ Other - Wraparound Benefit Package

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

____ Other (specify) _____

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

2.1.2 **If State offers family coverage:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

2.1.3 **If State has a buy-in program for employer-sponsored insurance:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs.

2.2 What environmental factors in your State affect your CHIP program?
(Section 2108(b)(1)(E))

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)?

Hawaii's infrastructure (i.e., eligibility determination processes); information systems; service delivery and payment to plan systems; and quality assurance systems are already in place.

2.2.2 Were any of the preexisting programs "State-only" and if so what has happened to that program?

X No pre-existing programs were "State-only"

____ One or more pre-existing programs were "State only" ! Describe current status of program(s): Is it still enrolling children? What is its target group? Was it folded into CHIP?

2.2.3 Describe changes and trends in the State since implementation of your Title XXI program that "affect the provision of accessible, affordable, quality health insurance and healthcare for children." (Section 2108(b)(1)(E))

NA

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your CHIP program.

___ Changes to the Medicaid program

- ___ Presumptive eligibility for children
- ___ Coverage of Supplemental Security Income (SSI) children
- ___ Provision of continuous coverage (specify number of months ___)
- ___ Elimination of assets tests
- ___ Elimination of face-to-face eligibility interviews
- ___ Easing of documentation requirements

___ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify) _____

___ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

- ___ Health insurance premium rate increases
- ___ Legal or regulatory changes related to insurance
- ___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
- ___ Changes in employee cost-sharing for insurance
- ___ Availability of subsidies for adult coverage
- ___ Other (specify) _____

___ Changes in the delivery system

- ___ Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
- ___ Changes in hospital marketplace (e.g., closure, conversion, merger)
- ___ Other (specify) _____

___ Development of new health care programs or services for targeted low-income children (specify) _____

___ Changes in the demographic or socioeconomic context

- ___ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify) _____
- ___ Changes in economic circumstances, such as unemployment rate (specify) _____

___ Other (specify) _____

___ Other (specify) _____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter “NA.”

Table 3.1.1			
	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____ _____ ____
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))	Statewide		
Age	0 - 18		
Income (define countable income)*	= 200% FPL		
Resources (including any standards relating to spend downs and disposition of resources)	NA		
Residency requirements	Must be a state resident.		
Disability status	According to the criteria employed by the SSA.		
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))	May not be covered in the three months prior to date of application.		
Other standards (identify and describe)	NA		

***Countable income is defined as all earned and unearned income with the following disallows: for children under age 19 who are born after 09/30/83, standard deduction of \$90 from the monthly gross earned income of each employed individual.**

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3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*
			----- -
Monthly			
Every six months			
Every twelve months	X		
Other (specify)			

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes?
(Section 2108(b)(1)(B)(v))

___ Yes ^o Which program(s)?

For how long?

X No

3.1.4 Does the CHIP program provide retroactive eligibility?

X Yes ^o Which program(s)? **Medicaid FFS (coverage of blind/disabled children)**

How many months look-back? **3**

___ No

3.1.5 Does the CHIP program have presumptive eligibility?

___ Yes ^o Which program(s)?

Which populations?

Who determines?

X No

3.1.6 Do your Medicaid program and CHIP program have a joint application?

NA

___ Yes ☐ Is the joint application used to determine eligibility for other State programs? If yes, specify.

___ No

3.1.7 Evaluate the strengths and weaknesses of your *eligibility determination* process in increasing creditable health coverage among targeted low-income children

NA

3.1.8 Evaluate the strengths and weaknesses of your *eligibility redetermination* process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

NA

3.2 What benefits do children receive and how is the delivery system structured?
(Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 3.2.1 CHIP Program Type Medicaid Expansion			
Benefit	Is Service Covered? (T = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services	T		
Emergency hospital services	T		
Outpatient hospital services	T		
Physician services	T		
Clinic services	T		
Prescription drugs	T		
Over-the-counter medications	T		
Outpatient laboratory and radiology services	T		
Prenatal care	T		
Family planning services	T		
Inpatient mental health services	T		
Outpatient mental health services	T		
Inpatient substance abuse treatment services	T		
Residential substance abuse treatment services	T		
Outpatient substance abuse treatment services	T		
Durable medical equipment	T		

Disposable medical supplies	T		
Preventive dental services	T		
Restorative dental services	T		
Hearing screening	T		
Hearing aids	T		
Vision screening	T		
Corrective lenses (including eyeglasses)	T		
Developmental assessment	T		
Immunizations	T		
Well-baby visits	T		
Well-child visits	T		
Physical therapy	T		
Speech therapy	T		
Occupational therapy	T		
Physical rehabilitation services	T		
Podiatric services	T		
Chiropractic services	T		
Medical transportation	T		
Home health services	T		
Nursing facility	T		

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ICF/MR	T		
Hospice care	T		
Private duty nursing	T		
Personal care services	T		
Habilitative services	T		
Case management/Care coordination	T		
Non-emergency transportation	T		
Interpreter services	T		
Other (Specify)			
Other (Specify)			
Other (Specify)			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

NA

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3			
Type of delivery system	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* ----- -
A. Comprehensive risk managed care organizations (MCOs)	YES		
Statewide?	<u>X</u> Yes ___ No	___ Yes ___ No	___ Yes ___ No
Mandatory enrollment?	<u>X</u> Yes ___ No	___ Yes ___ No	___ Yes ___ No
Number of MCOs	6 medical; 3 dental		
B. Primary care case management (PCCM) program	NO		
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)	Behavioral health		
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)	Out-of-state residential treatment services		
E. Other (specify)			
F. Other (specify)			
G. Other (specify)			

*Make a separate column for each “other” program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.3 How much does CHIP cost families?

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, coinsurance/copayments, or other out-of-pocket expenses paid by the family.)

☒ No, skip to section 3.4

☐ Yes, check all that apply in Table 3.3.1

Table 3.3.1			
Type of cost-sharing	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____ _____
Premiums			
Enrollment fee			
Deductibles			
Coinsurance/copayments**			
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

**See Table 3.2.1 for detailed information.

3.3.2 **If premiums are charged:** What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium collection?

3.3.3 **If premiums are charged:** Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))

- ☐ Employer
- ☐ Family
- ☐ Absent parent
- ☐ Private donations/sponsorship
- ☐ Other (specify) _____

3.3.4 **If enrollment fee is charged:** What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?

3.3.5 **If deductibles are charged:** What is the amount of deductibles (specify, including

variations by program, health plan, type of service, and other criteria)?

- 3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap?
- 3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach.

☐ Shoebox method (families save records documenting cumulative level of cost sharing)

☐ Health plan administration (health plans track cumulative level of cost sharing)

☐ Audit and reconciliation (State performs audit of utilization and cost sharing)

☐ Other (specify)_____

- 3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost sharing, specify for each program.)
- 3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found?

3.4 How do you reach and inform potential enrollees?

- 3.4.1 What client education and outreach approaches does your CHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (T=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.1						
Approach	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)
Billboards						
Brochures/flyers	T					
Direct mail by State/enrollment broker/administrative contractor						
Education sessions						
Home visits by State/enrollment broker/administrative contractor						
Hotline	T					
Incentives for education/outreach staff						
Incentives for enrollees						
Incentives for insurance agents						
Non-traditional hours for application intake						
Prime-time TV advertisements	T					
Public access cable TV	T					
Public transportation ads	T					
Radio/newspaper/TV advertisement and PSAs	T					

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Signs/posters	T					
State/broker initiated phone calls						
Other (specify)						
Other (specify)						

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (T=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2						
Setting	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program*	
	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)	T = Yes	Rating (1-5)
Battered women shelters						
Community sponsored events	T					
Beneficiary's home						
Day care centers						
Faith communities						
Fast food restaurants						
Grocery stores						
Homeless shelters						
Job training centers						
Laundromats						
Libraries						
Local/community health centers	T					
Point of service/provider locations	T					
Public meetings/health fairs	T					
Public housing	T					
Refugee resettlement programs	T					

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Schools/adult education sites	T					
Senior centers						
Social service agency	T					
Workplace	T					
Other (specify)						
Other (specify)						

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

- 3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available.
- 3.4.4 **NA**
- 3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds?
- 3.4.5 **NA**
- 3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available.
- 3.5 **NA**
- 3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5				
Type of coordination	Medicaid*	Maternal and child health	Other (specify) School Lunch Program	Other (specify) _____
Administration				
Outreach			X (see note #1)	
Eligibility determination				
Service delivery				
Procurement				
Contracting				
Data collection				
Quality assurance				
Other (specify)				
Other (specify)				

*Note: This column is not applicable for States with a Medicaid CHIP expansion program only.

Note #1: The State Department of Education will include information regarding Title XXI in their School Lunch Program brochure.

3.6 How do you avoid crowd-out of private insurance?

- 3.6.1 Describe anti-crowd-out policies implemented by your CHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

Hawaii's approved Title XXI State plan requires a 3 month waiting period; however, as the NPRM prohibits a period of uninsurance for a Title XXI Medicaid expansion program, Hawaii will not require a waiting period.

___ Eligibility determination process:

- ___ Waiting period without health insurance (specify) _____
- ___ Information on current or previous health insurance gathered on application (specify)
- ___ Information verified with employer (specify)
- ___ Records match (specify)
- ___ Other (specify)
- ___ Other (specify)

___ Benefit package design:

- ___ Benefit limits (specify)
- ___ Cost-sharing (specify)
- ___ Other (specify)
- ___ Other (specify)

___ Other policies intended to avoid crowd out (e.g., insurance reform):

- ___ Other (specify)
- ___ Other (specify) _____

- 3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

Hawaii's approved Title XXI State Plan states that the State is proposing a

monitoring/evaluation process that will include:

- 1. Data collection of the number of Title XXI Medicaid expansion applications that are denied due to non-compliance with the 3-month rule.**
- 2. Evaluation of the data collected during the first year of implementation.**
- 3. If the total number of denied applications reaches a minimum threshold of 10% of all Title XXI applications processed, the State will make policy changes, including consideration for establishing a more stringent 3-month firewall rule.**

However, refer to response to section 3.6.1 above.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your CHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

NA

4.1 Who enrolled in your CHIP program?

4.1.1 What are the characteristics of children enrolled in your CHIP program? (Section 2108(b)(1)(B)(i))

Please complete Table 4.1.1 for each of your CHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose “select” “table.” Once the table is highlighted, copy it by selecting “copy” in the Edit menu and then “paste” it under the first table.

Table 4.1.1 CHIP Program Type _____						
Characteristics	Number of children ever enrolled		Average number of months of enrollment		Number of disenrollees	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children						
Age						
Under 1						
1-5						
6-12						
13-18						

Countable Income Level*						
At or below 150% FPL						
Above 150% FPL						
Age and Income						
Under 1						
At or below 150% FPL						
Above 150% FPL						
1-5						
At or below 150% FPL						
Above 150% FPL						
6-12						
At or below 150% FPL						
Above 150% FPL						
13-18						
At or below 150% FPL						
Above 150% FPL						
Type of plan						
Fee-for-service						
Managed care						
PCCM						

*Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical
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- 4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i))
- 4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C))
- 4.2 Who disenrolled from your CHIP program and why?
- 4.2.1 How many children disenrolled from your CHIP program(s)? Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates?
- 4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left CHIP?
- 4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodologies, and reporting period.)

Table 4.2.3						
Reason for discontinuation of coverage	Medicaid CHIP Expansion Program		State-designed CHIP Program		Other CHIP Program*	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total						
Access to commercial insurance						
Eligible for Medicaid						
Income too high						
Aged out of program						
Moved/died						
Nonpayment of premium						

Incomplete documentation						
Did not reply/unable to contact						
Other (specify)						
Other (specify)						
Don't know						

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll?

4.3 How much did you spend on your CHIP program?

4.3.1 What were the total expenditures for your CHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 _____

FFY 1999 _____

Please complete Table 4.3.1 for each of your CHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

Table 4.3.1 CHIP Program Type _____				
Type of expenditure	Total computable share		Total federal share	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999
Total expenditures				
Premiums for private health insurance (net of cost-sharing offsets)*				

Fee-for-service expenditures (subtotal)				
Inpatient hospital services				
Inpatient mental health facility services				
Nursing care services				
Physician and surgical services				
Outpatient hospital services				
Outpatient mental health facility services				
Prescribed drugs				
Dental services				
Vision services				
Other practitioners' services				
Clinic services				
Therapy and rehabilitation services				
Laboratory and radiological services				
Durable and disposable medical equipment				
Family planning				
Abortions				
Screening services				
Home health				
Home and community-based services				
Hospice				
Medical transportation				
Case management				
Other services				

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap? _____

What role did the 10 percent cap have in program design? _____

Table 4.3.2						
Type of expenditure	Medicaid Chip Expansion Program		State-designed CHIP Program		Other CHIP Program* _____	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share						
Outreach						
Administration						
Other _____						
Federal share						
Outreach						
Administration						
Other _____						

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.3.3 What were the non-Federal sources of funds spent on your CHIP program (Section 2108(b)(1)(B)(vii))

- ___ State appropriations
- ___ County/local funds
- ___ Employer contributions
- ___ Foundation grants
- ___ Private donations (such as United Way, sponsorship)
- ___ Other (specify) _____

4.4 How are you assuring CHIP enrollees have access to care?

- 4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system within each program. For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in a Primary Care Case Management program, specify ‘PCCM.’

Table 4.4.1			
Approaches to monitoring access	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Appointment audits			
PCP/enrollee ratios			
Time/distance standards			
Urgent/routine care access standards			
Network capacity reviews (rural providers, safety net providers, specialty mix)			
Complaint/grievance/disenrollment reviews			
Case file reviews			
Beneficiary surveys			
Utilization analysis (emergency room use, preventive care use)			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.4.2 What kind of managed care utilization data are you collecting for each of your CHIP programs? If your State has no contracts with health plans, skip to section 4.4.3.

Table 4.4.2			
Type of utilization data	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Requiring submission of raw encounter data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Other (specify)_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results.

4.4.4 What plans does your CHIP program have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available?

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify ‘MCO.’ If an approach is used in fee-for-service, specify ‘FFS.’ If an approach is used in primary care case management, specify ‘PCCM.’

Table 4.5.1			
Approaches to monitoring quality	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program
Focused studies (specify)			
Client satisfaction surveys			
Complaint/grievance/disenrollment reviews			
Sentinel event reviews			
Plan site visits			
Case file reviews			

Independent peer review			
HEDIS performance measurement			
Other performance measurement (specify)			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each “other” program identified in section 2.1.1. To add a column to a table, right click on the mouse, select “insert” and choose “column”.

- 4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results.
- 4.5.3 What plans does your CHIP program have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available?
- 4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program’s performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program as well as to discuss ways in which the State plans to improve its CHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

NA

5.1 What worked and what didn't work when designing and implementing your CHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

5.1.1 Eligibility Determination/Redetermination and Enrollment

5.1.2 Outreach

5.1.3 Benefit Structure

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap)

5.1.5 Delivery System

5.1.6 Coordination with Other Programs (especially private insurance and crowd-out)

5.1.7 Evaluation and Monitoring (including data reporting)

5.1.8 Other (specify)

5.2 What plans does your State have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F))

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G))